Kittitas County Prehospital EMS Protocols

SUBJECT: PEDIATRIC CARDIAC ARRHYTHMIAS

A. If stable, administer O_2 @ 4-6 lpm per nasal cannula.

B. If unstable, administer O_2 @ 12-15 lpm per non-rebreather mask.

C. Establish cardiac monitor/defibrillator.

D. Establish peripheral IV access with **Isotonic Crystalloid** @ TKO.

Bradyarrhythmias

A. Symptomatic, including unconsciousness and hemodynamic instability:

1. Administer **Epinephrine**, 1:10,000, 0.01 mg/kg q 3 minutes, IV or IO.

2. If only ET route available, administer **Epinephrine**, 1:1,000, 0.1 mg/kg q 3 minutes.

3. Administer **Atropine**, 0.02 mg/kg, IV, IO, or ET (0.1 mg minimum single dose). Repeat once in 5 minutes, up to a total 0.5 mg in children, and 1.0 mg in adolescents.

B. Consider CPR if heart rate < 80/minute in an infant, or 60/minute in a child.

SVT

A. 12- Lead ECG if therapy won't be delayed.

B. Consider vagal maneuvers.

C. Consider **Adenosine** 0.1 mg/kg IV (maximum first dose 6 mg).

D. May give second dose **Adenosine** 0.2 mg/kg IV (maximum second dose 12 mg).

E. Consider **Amiodarone** 5 mg/kg IV over 20-60 minutes.

F. Consider cardioversion 0.5-1 joules/kg.

1. May increase to 2 joules/kg if initial dose ineffective.

2. Sedate before cardioversion.

VENTRICULAR TACHYCARDIA with a pulse

A. Symptomatic, including unconsciousness and hemodynamic instability:

B. 12- Lead ECG if therapy won't be delayed.

C. Consider **Amiodarone** 5 mg/kg IV over 20-60 minutes.

D. Consider cardioversion 0.5-1 joules/kg.

1. May increase to 2 joules/kg if initial dose ineffective.

2. Sedate before cardioversion.